Dear editor,

We would like to discuss briefly new information regarding the article “Evolução do sistema público de saúde no Brasil frente ao estágio atual da prevenção do câncer de colo uterino em mulheres jovens e adolescentes” (1).

In 2017, the Ministry of Health of Brazil started to implement the quadrivalent vaccination against human papillomavirus (HPV) for boys aged 12 to 13 years, thus making Brazil the first South American country that offers this vaccine for boys in the National Immunization Calendar through mass vaccination (2,3). In addition, the age group for vaccination of children and adolescent girls against HPV was extended from 9 to 14 years (2).

It is worth mentioning that in 2020, the vaccination of boys will be done beginning at age 9 (2,3). Today, vaccination against HPV is still provided to girls aged 9 to 26 years infected with human immunodeficiency virus (HIV), and vaccination to boys with the same condition was initiated in 2017 (2).

All these changes intend to decrease the number of HPV infection cases, as well as related deaths (3). However, according to Sanches et al. (2017), several barriers have been found that hinder the effective implementation of the vaccination against HPV in children and adolescents (1).

In consequence, we believe that improvements are necessary, especially regarding health education in schools and specific professional training to attend to the needs of this age group. Only when these requirements are met, it can be possible to provide adequate assistance to these individuals, with a significant increase in vaccination rates.

Conflicts of interest

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